IN-SERVICE MANUAL

Affinity® II Bed

From Hill-Rom®

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NOTE Educational materials, including a video cassette in-service tape, positioning poster, and research articles in the bibliography, are available from your Hill-Rom Perinatal Consultant.

FOR SPECIAL ASSISTANCE:

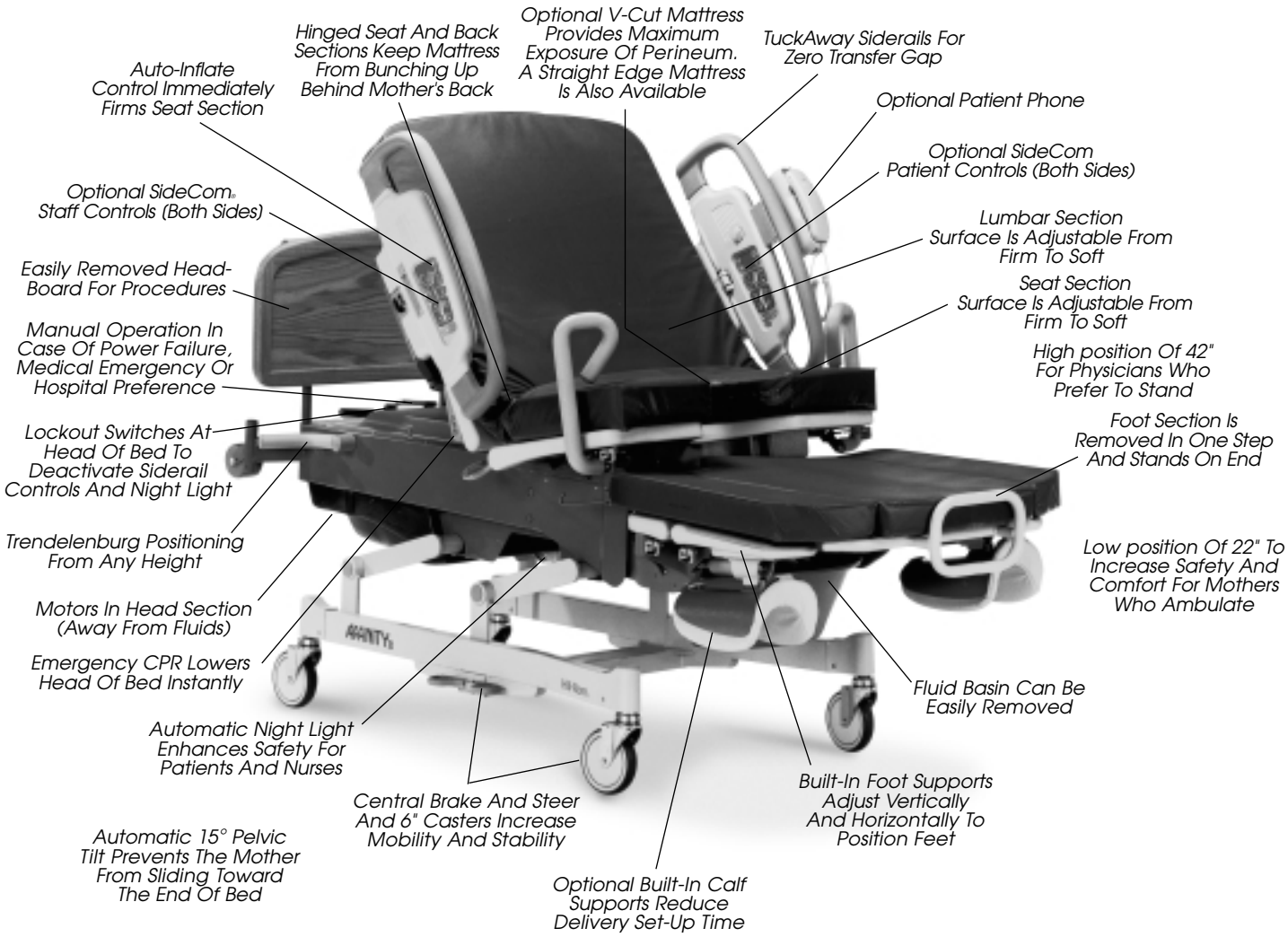
Hill-Rom Account Manager _____ Phone _____

Perinatal Consultant _____ Phone _____

Field Service Technician _____ Phone _____

Customer Service Representative _____ Phone _____

FEATURES


Optional V-Cut Mattress Provides Maximum Exposure Of Perineum. A Straight Edge Mattress Is Also Available
Hinged Seat And Back Sections Keep Mattress From Bunching Up Behind Mother's Back
TuckAway Siderails For Zero Transfer Gap
Auto-Inflate Control Immediately Firms Seat Section
Optional Patient Phone
Optional SideCom Patient Controls (Both Sides)
Optional SideCom® Staff Controls (Both Sides)
Lumbar Section Surface Is Adjustable From Firm To Soft
Easily Removed Head-Board For Procedures
Seat Section Surface Is Adjustable From Firm To Soft
Manual Operation In Case Of Power Failure, Medical Emergency Or Hospital Preference
High position Of 42" For Physicians Who Prefer To Stand
Foot Section Is Removed In One Step And Stands On End
Lockout Switches At Head Of Bed To Deactivate Siderail Controls And Night Light
Trendelenburg Positioning From Any Height
Low position Of 22" To Increase Safety And Comfort For Mothers Who Ambulate
Motors In Head Section (Away From Fluids)
Emergency CPR Lowers Head Of Bed Instantly
Fluid Basin Can Be Easily Removed
Automatic Night Light Enhances Safety For Patients And Nurses
Built-In Foot Supports Adjust Vertically And Horizontally To Position Feet
Central Brake And Steer And 6" Casters Increase Mobility And Stability
Automatic 15° Pelvic Tilt Prevents The Mother From Sliding Toward The End Of Bed
Optional Built-In Calf Supports Reduce Delivery Set-Up Time

SPECIFICATIONS

Length . . . . . .90 in. (229 cm)

Width

Siderails up . . . . . .42½ in. (108 cm)

Siderails down . . . . . .34 in. (86 cm)

Bed Height

Low . . . . . .22 in. (56 cm)

High (with mattress) . . . . . .40 in. (102 cm)

Maximum height of seat section (in Trendelenburg) . . . . . .43 in. (109 cm)

Mattress

Length . . . . . .78 in. (198 cm)

Width . . . . . .34 in. (86 cm)

Thickness (head/seat) . . . . . .4 in. (10 cm)

Thickness (foot) . . . . . .3 in. (8 cm)

Critical Angles

Maximum head elevation . . . . . .70°

Maximum seat elevation . . . . . .15°

Maximum Trendelenburg . . . . . .8°

Maximum Lift Capacity

Bed . . . . . .500 lbs. (227 kg)

Foot Section . . . . . .400 lbs. (181 kg)

Head Section . . . . . .200 lbs. (91 kg)

Caster Size . . . . . .6 in. (15 cm)

BED CONTROLS

The Affinity Bed is electrically operated using Siderail or Pendant Controls. The Foot, Head and Hi-Lo functions can be operated manually, if necessary.

Patient Control Panel

Nurse Control Panel

FOOT SECTION

The Foot Section Control is located on the Patient Control Panels, the Nurse Control Panel and on the Pendant.

- To raise the Foot Section, push and hold the Foot Up Control until the desired height is reached and then release.
- To lower the Foot Section, push and hold the Foot Down Control until the desired height is reached and then release.

HEAD SECTION

The Head Section Control is located on the Patient Control Panels, the Nurse Control Panel and on the Pendant.

- To raise, push and hold the Head Up Control until the desired height is reached and then release.
- When the Head Section is raised, the Seat Section Pelvic Tilt automatically engages, proportionally, up to 15°.
- To lower, push and hold the Head Down Control until the desired height is reached and then release.

HI-LO

The Hi-Lo Control is located on the Nurse Control Panel and on the Pendant.

- To raise, push and hold the Hi Control until the desired height is reached and then release.
- To lower, push and hold the Lo Control until the desired height is reached and then release.

SEAT SECTION

The Seat Section Mattress Control is located on both the Patient Control Panel and the Nurse Control Panel.

- To inflate the Seat Section, push the Seat Firm Button until the desired firmness is attained.
- To deflate the Seat Section, push the Seat Soft Button until the desired softness is attained.

BACK SECTION

The Back Section Mattress (Lumbar) Control is located on both the Patient Control Panel and the Nurse Control Panel.

- To inflate the Lumbar Section, push the Back Firm Button until the desired firmness is attained.
- To deflate the Lumbar Section, push the Back Soft Button until the desired softness is attained.

AUTO-INFLATE

The Auto-Inflate Control is located on the Nurse Control Panel.

- To automatically inflate the Seat Section, push the Auto-Inflate Button once.
- If complete inflation is not necessary, push the Auto-Inflate Button a second time to stop inflation.
- To deflate, push and hold the Seat Soft Button. The patient's weight will then force air out of the mattress.

FEATURES

SIDERAILS
The Siderails are located on both sides of the bed.

Up
- Grasp the top of the Siderail in the center and pull out and up from under the bed.
- The Siderail clicks into a locked position.
- Check the locked position with a gentle tug.

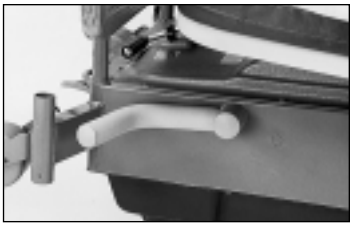
Down/Storage
The Pull Latch is located on the bottom center of the Siderail.

- Pull the latch and lower the Siderail into the down or storage position.

INSTANT CPR
The CPR Release Latch is located at the Head Section on both sides of the bed.

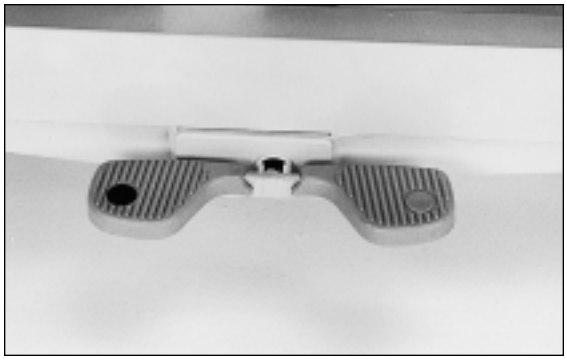
- Pull the CPR Release Latch and hold.
- The Head Section will lower to a flat position within 7 seconds.
- A mechanism slows the action to prevent the Head Section from "free falling."

TRENDELENBURG
Trendelenburg Handles are located at the Head Section of the bed on both sides of the bed.



- To position the sleep surface in Trendelenburg, push down on the handle and guide the bed to the desired degree of Trendelenburg, up to 8°.
- To level the sleep surface, pull up on the handle and guide the bed to a level position.

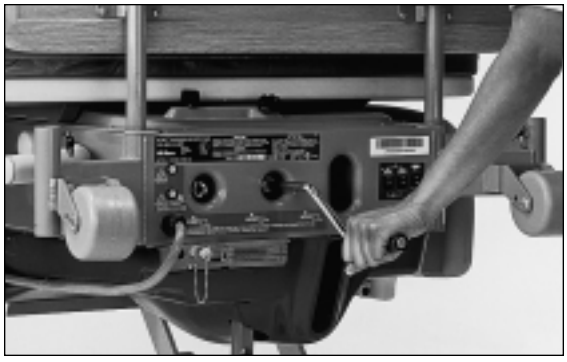
CENTRAL BRAKE AND STEER
The Brake and Steer Pedals are located near the center section on both sides of the bed.



- To brake, press down firmly on the Brake Pedal (designated by an orange dot).
- Two casters will immediately lock in place. Push and pull the bed to ensure brakes are set.
- To release, press firmly on the Steer Pedal until both pedals are level. (Neutral position.)
- To steer, press down firmly on the Steer Pedal (designated by a green dot).
- To release, press firmly on the Brake Pedal until both pedals are level. (Neutral position.)

NOTE Sharp turns and lateral movements are more easily accomplished in neutral position.

MANUAL CRANK
- The Manual Crank is stored on the frame under the head of the bed.
- Head, Foot and Hi-Lo Motors can be engaged manually.
- Insert the crank handle into the Head Motor drive and turn it clockwise to raise and counter-clockwise to lower.
- The Foot Motor and the Hi-Lo Motor drives are raised by turning the crank counter-clockwise and lowered by turning the crank clockwise.
- Return the crank to the storage position before operating the bed electrically.



NOTE For safety, unplug the bed when using the Manual Crank.

FEATURES

HEADBOARD
The Headboard may be removed.

- To remove, grasp the Headboard and lift straight up.
- To replace, align the mounting post in the headboard with the holes on the bed and push the Headboard down. Move the Headboard gently to ensure it is firmly seated.

LOCKOUT CONTROLS
Lockout Controls are located on the frame at the head of the bed. These Controls can be used to deactivate the Patient and/or Nurse Control Panel (with the exception of SideCom) as well as the Automatic Night Light.

PROPORTIONAL PELVIC TILT

- As the Head Section is raised, the seat gradually tilts up from 0° to 15°.
- As the Head Section is lowered, the seat gradually returns to a flat position.

FOOT SECTION
The Foot Section can be removed in the following methods.

If the Foot Section height can be adjusted:

- Adjust the Foot Section so that the top of the mattress is at about waist high.
- Approach the Foot Section from the front.
- Grasp the Foot Section between the snaps.
- Hold the Foot Section as close to the body as possible.
- Lift to disengage.
- Turn the Foot Section and, with knees bent, place it on the floor.

If the Foot Section is well below the waist and cannot be adjusted:

- Approach the Foot Section from an angle (side and front).
- Place one leg forward and one leg back.
- Bend both knees.
- Grasp the Foot Section by the handles on the mattress.
- Hold the Foot Section as close to the body as possible.
- Lift to disengage.
- Turn the Foot Section and, with knees bent, place it on the floor.

NOTE The Foot Section's hinged mattress can be flipped over to expose the Foot Supports.

NOTE Tug upward on the pulling handle to verify the Foot Section is securely seated.

WARNING The Foot Support must be fully secured under the mattress to provide safe support.

NOTE The Foot Section is designed so the foot end stand can also be used as a pulling handle when transporting the patient on the bed.

FEATURES

BUILT-IN LABOR GRIPS

- To raise the Labor Grip, grasp the grip and rotate from under the bed until it clicks in place.
- To lower, pull the Release Latch and lower the grip under the bed.

FOOT SUPPORTS

The Foot Supports have these main adjustments.

- To tilt the patient's feet upward, lift up under the toe.
- To lower, pull the Release Latch located under the Foot Support and lower to the desired height.
- To position the patient's legs, pull the Release Latch and rotate the Foot Support. The Foot Support will rotate every 10° to a 90° position.
- To return to the storage position, pull the Release Latch again and return supports to the desired position.
- To raise the Foot Supports simultaneously, push the Foot Up Button until the desired level is reached.
- To lower the Foot Supports simultaneously, push the Foot Down Button until the desired level is reached.

PLACENTA BASIN

The Placenta Basin is reversible and easily removed for cleaning.

To remove:

- Pull the Basin straight out.

To reverse/replace:

- Slide the Basin straight into the holding devices.
- Shake the Basin gently to ensure it is securely seated.

NIGHT LIGHT

The Night Light is located under the bed.

- A photo cell control automatically turns the light on when the room darkens and turns it off when it gets light.
- To turn the light off manually, there is a switch located on the frame at the head of the bed. (See Lockout Controls.)

BED MODELS

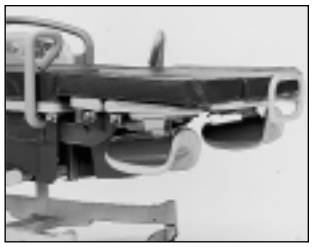
The Affinity bed is available in two models: the V-Cut or the Straight-Edge.

V-Cut

Straight-Edge

ACCESSORIES

ATTACHED CALF SUPPORTS



- Lower the Foot Section to the lowest position.
- Turn back hinged mattress.
- Raise the Foot Support to the full upright position.
- Supports are interchangeable right and left.
- Install the Supports by placing the rod into the steel sleeves located on the back of the Foot Support.
- Place the patient's legs into the Supports.
- For a large patient, the Foot Support, with the Calf Support in place, may be rotated out horizontally.
- Adjust the position by rotating the patient's knees out.
- Tighten the ball joint by rotating the grip to the right.
- Loosen the ball joint by rotating the grip to the left.
- Use the Siderail Foot Up/Foot Down Controls to position the patient's legs at a comfortable height.
- Adjust the angle of the Supports using the ball joint on the Support.
- Remove the Foot Section.

NOTE Check for pressure points and make appropriate adjustments.
TALL PATIENTS…Angle the support downward. SHORT PATIENTS…Angle the support upward.

FULL LEG SUPPORTS

NOTE Electrically lower the Foot Section to the lowest position, with the patient's legs on the Foot Section, before placing her legs into the Supports.

- Both Full-Leg Supports are interchangeable right and left.
- For Leg Support installation, place the rod into the steel sockets located on the Foot Section.
- Drop them into the sockets and rotate until you hear the support lock.
- Rotate the Supports so that the black knob faces inboard, toward the patient and leave knob loose.
- For large patients, rotate the black knob outboard, away from the patient.
- Place the patient's legs into the Supports.
- Adjust the position by rotating her knees out.
- Tighten the black knob.
- Raise the Foot Section electrically to fill in the popliteal space by pushing the Foot Up Control.
- The patient's legs should be completely supported.
- Check for pressure points and make any adjustments.
- Remove the Foot Section.
- Rotate the Foot Supports up and away from the center of the bed.

NOTE Check for pressure points and make appropriate adjustments.
TALL PATIENTS… Angle the support downward. SHORT PATIENTS… Angle the support upward.

CONVERSION WEDGE

To accommodate different physician preferences, the Conversion Wedge allows you to quickly convert the V-Cut Seat Section to a straight edge.

- Slide the wedge between the mattress and the Seat Section.

LABOR BAR

For extra support, the Labor Bar fits into the Leg Support Sockets between the Seat and Foot Cushions. To raise or lower the bar, use the Foot Controls. The bar can be used in either direction for different positions and purposes.

ACCESSORIES

ARM BOARD
The Arm Board is held in place between the frame and mattress. The padding is removable for cleaning.

COMFORT PAD
The Comfort Pad is simply placed on top of the mattress and fitted securely around the mattress corners. It rolls up into a compact bundle for storage.

PERMANENT IV POLE
The Permanent IV Pole, mounted on the head section frame, allows additional IV bags and pumps to be mounted on either side of the head end of the bed.

MULTI-PURPOSE TRAY
The Tray is located at the foot section of the bed, in the foot section yoke.

NOTE The Tray must be fully secured to the bed if it is used as a work surface.

ANESTHESIA SCREEN
The base of the frame slides between the mattress and the frame. The screen can be positioned on either side of the bed.

BEDDING
A sheet set includes pillow case, top and custom fitted bottom sheets. Additionally, the two-piece bottom set is available separately.

HEAD SECTION SLIPCOVER
The Slipcover is simply placed over the head section mattress for protection from normal wear and tear and from fluids. The Slipcover can be replaced when it is worn thus preventing damage to the inner mattress and foam.

DISPOSABLE DRAPE
The full size absorbent, Disposable Labor and Delivery Drape covers the entire seat, foot and lower backrest, and tucks into the fluid basin when the end of the bed is removed. The drape should be placed over the bottom sheet before the patient gets into bed, with the soft, absorbent surface next to the patient (waterproof side down). This keeps the bedding and equipment protected from fluids and reduces clean-up time.

PENDANT AND HOLDER
The Pendant attaches at the head end of the bed near the frame.
The Pendant controls Bed Up/Down, Head Up/Down, Foot Up/Down.
The Pendant Holder attaches the Pendant to either Siderail.

PATIENT PHONE AND ADAPTOR
The Patient Phone attaches to either Siderail by using the Adaptor.

PATIENT POSITIONING

NOTE The Labor and Delivery Drape should be placed over the bottom sheet before the patient gets into the bed.

To allow the patient to participate, show her how to operate the controls.

POSITIONING FOR LABOR

Upright Position/Voiding Position

- Raise the head of the bed to a comfortable position by pressing the Head Up Control.
- Lower the Foot Section by pressing the Foot Down Control.
- Place the patient in an upright position.
- Place the bed pan backward into the V-Cut on the Foot Section.
- Position the patient out and over the V-Cut having her hold her knees for support.
- If the patient's legs are unstable, position her feet with the soles together to prevent sliding.

Left Lateral Position (Sims)

- With the bed in the lowest position and the head of the bed adjusted for the patient's comfort, position the attached Calf Support with the foot end pointed toward the head of the bed.
- With the patient lying on her left side, place her right leg in the Support and lower the Foot Section for comfort.
- Adjust the Support and tighten the joint.

Kneeling With Labor Bar

- Insert the Labor Bar into the Leg Support Sockets, angling toward the head of the bed.
- Lower the Foot Section by pressing the Foot Down Control.
- Have the patient kneel on the Foot Section using the Labor Bar for support (shorter patients may use an extra pillow under their knees).

Legs Elevated With Foot Mattress

This position is useful for various clinical reasons during antepartum care, postpartum care and anesthesia administration when a patient's legs require elevation. It may also be used for patient comfort.

- Raise the Foot Section to its highest position.
- Turn back the hinged Foot Section mattress.
- Place the patient's legs on the elevated mattress section.

PATIENT POSITIONING

POSITIONING FOR LABOR

Squatting With The Labor Bar

- With the bed in the lowest position, raise the head by pressing the Head Up Control and lower the Foot Section by pressing the Foot Down Control.
- Insert the Labor Bar into the Leg Support Sockets, angling away from the head of the bed.
- The patient may squat on the Seat Section, holding the Labor Bar, or sit with her feet on the Foot Section leaning forward onto the bar.

Pushing With The Labor Bar

- Raise the head of the bed to a comfortable position by pressing the Head Up Control.
- Insert the Labor Bar into the Support Sockets, angling away from the head of the bed.
- Lower the Foot Section, if needed, by pressing the Foot Down Control.
- Place the patient's feet on either side of the Labor Bar.
- The patient may grip the Labor Grips or pull back on her knees.

Pushing With The Labor Bar (With Foot Supports)

- Raise the head of the bed to a comfortable position by pressing the Head Up Control.
- Remove the Foot Section.
- Place the patient's feet on the Foot Supports and adjust for comfort.
- Insert the Labor Bar into the Support Sockets, angling away from the head of the bed.
- The patient may grasp the Labor Bar where it's comfortable for her.

Standing With The Labor Bar

- Remove the Foot Section and Fluid Basin and rotate the Foot Supports away from the center of the bed.
- Insert the Labor Bar into the sockets angling toward the head of the bed.
- Adjust the Labor Bar height by pressing either the Foot Up or Foot Down Control. To obtain additional height, press the Bed Up Control.
- The patient may stand and lean forward onto the bar.
- Place a stool or chair near the foot of the bed for the patient to sit on between contractions.

PATIENT POSITIONING

POSITIONING FOR LABOR

Amniotomy

- Raise the head of the bed to a comfortable position by pressing the Head Up Control.
- Lower the Foot Section by pressing the Foot Down Control.
- Place the bed pan backward into the V-Cut on the Foot Section.
- Position the patient's perineum out and over the bed pan before performing the amniotomy.

Kneeling

- With the bed in its lowest position, lower the Foot Section completely by pressing the Foot Down Control.
- Raise the Head Section to a comfortable height by pressing the Head Up Control.
- Position the patient so she is kneeling on the Foot Section, leaning forward and resting her arms on the Head or Seat Section.

Pushing With Labor Grips

- Adjust the head of the bed to approximately 30°, by pressing the Head Up Control.
- Raise the Labor Grips.
- Place the patient's feet on the Labor Grips.
- The patient may pull back on her knees without the need for the staff to assist her.
- Lower the Foot Section if desired.

PATIENT POSITIONING

POSITIONING FOR ANESTHESIA

Pudendal

- Lower the Foot Section by pressing the Foot Down Control, to produce exposure and position the patient over the cut-out.
- Raise the backrest by pressing the Head Up Control for the patient's comfort.

Epidural/Spinal (Lateral Approach)

- Lower and tuck away one Siderail.
- Position the bed to a comfortable height and lower the head of the bed.
- Place the patient in a lateral recumbent position at the mattress edge.

Epidural (Sitting Approach)

- Raise or lower the bed to a comfortable height for the staff and flatten the bed.
- Have the patient dangle her legs over the opposite side of the bed or in the V-cut out.

Straight Line Trendelenburg

- Pull the CPR Handle to lower the head of the bed to a full flat position.
- Push down on the Trendelenburg Handles (located on either side of the bed) and guide the bed to the desired degree of Trendelenburg, up to 8°.
- To level the sleep surface, pull up on the handle and guide the bed to a flat position.

General Anesthesia

- In an emergency, position the bed to a comfortable height.
- Remove the Headboard.
- Position the patient for intubation.

Transport

- Position the bed at the highest level possible.
- Engage Steer to make the right head caster track in a straight line for ease of steering.
- Disengage to push the bed sideways.

NOTE Sharp turns and lateral movements are most easily accomplished in NEUTRAL position. Always transport with Siderails raised.

PATIENT POSITIONING

POSITIONING FOR DELIVERY

Birth Chair Mode

- Raise the head of the bed to place the patient in a sitting position.
- Position the patient's feet in the Foot Supports.
- Remove the Foot Section and tuck the drape into the drainage pan.
- Use the Foot Control to raise or lower the Foot Supports.
- Tuck the end of the drape into the drainage pan and raise the bed to a comfortable height, by pressing the Bed Up Control.

Birthing Bed Mode

- Position the patient's feet in the Foot Supports. Raise the supports to a comfortable position.
- Remove the Foot Section and tuck the drape into the drainage pan.
- Tilt up the Foot Supports for the patient to push against.
- Raise the bed to a comfortable height by pressing the Bed Up Control, and position the patient's perineum out and over the edge of the Seat Section.

Delivery Table Mode

- Slide the patient down so that her buttocks are at the division in the mattress.
- Lower the Foot Section to its lowest position.

With Calf Supports

- Position the attached Calf Supports and place the patient's legs in the Supports.
- Adjust the angle of the Supports and tighten the ball joints.

With Full Leg Supports

- Slide the patient down so that her buttocks are at the division in the mattress.
- Lower the Foot Section to its lowest position.
- Insert the Leg Support rods into their sockets at the bottom of the space between the mattresses and place the patient's legs in the Leg Supports.
- Adjust the angle of the Leg Supports and tighten the black winged knob.
- Push the Foot Up Control to raise the Leg Supports so that they securely support the patient's perineum OVER the cut-out space.
- Remove the Foot Section and raise the bed to a comfortable working height. The drainage pan can also be removed for extra exposure.

NOTE Check pressure points.

- Press the Foot Up Control to raise the supports so that they securely support the patient's perineum OVER the edge of the Seat Section.
- Remove the Foot Section and raise the bed to a comfortable working height. The drainage pan can also be removed.

PATIENT POSITIONING

POSITIONING FOR DELIVERY

Lateral Position (Sims)

- With the bed in the lowest position and the head of the bed adjusted for the patient's comfort, position the attached Calf Support with the foot end pointed toward the head of the bed.
- With the patient lying on her left side, place her right leg in the Support. Lower the Foot Section for comfort.
- Adjust the Support and tighten the ball joint.

NOTE Follow the same procedure to position the patient on right side.

- The clinician may sit on the lowered Foot Section for delivery.

Upright Position

- Raise the head of the bed to a full or partial upright position by pressing the Head Up Control.
- Lower the Foot Section completely by pressing the Foot Down Control.
- Position the patient's perineum out and over the edge of the Seat Section.

NOTE The patient may grasp the Labor Grips.

- The clinician may sit on the lowered Foot Section for delivery.

High Modified Trendelenburg (Delivery And Repair)

- Raise the bed to the desired height using the Hi-Lo Control.
- Raise the Head Section to the desired position by using the Head Up Control.
- Position the patient's legs in Calf Supports.
- Push down on the Trendelenburg Handle to place the patient in modified Trendelenburg and to raise the perineum.

CLEANING

CARE OF WOOD COMPONENTS

Wood is selected for use on beds because of its beauty and warmth. All Hill-Rom wood products are treated with a resin based sealer and finish which provide resistance to abrasion, staining, fluids, and fire. Many disinfectant cleaners have a "softening" effect on any painted or finished surface if used in high concentrations. Diluted ammonia, detergent, and bleach solutions may be used.

The Centers for Disease Control recommend EPA approved hospital disinfectants, used at manufacturers' suggested dilutions or bleach at a 1:100 dilution (¼ cup to 1 gallon water), to clean environmental surfaces such as the Affinity II Bed and perinatal furniture.

Cleaning should be done by wiping a soft dampened cloth over the surface, followed by wiping with a dry cloth. At no time should a wet cloth be allowed to lay on the surface. Any liquid spilled on the surface should be wiped up immediately. Any liquid allowed to lay on the surface unattended may damage the finish.

For protection of the finish we recommend using a liquid type furniture polish. Polish about once a month and wipe off any excess with a soft dry cloth. Have any nicks or scrapes repaired to prevent water damage.

MATTRESS CARE AND DRAPING

Correct draping technique is essential in preserving the life of the mattress. Drapes must be fluid repellent. The Hill-Rom labor and delivery drape effectively covers the lower three quarters of the bedding throughout labor. Additional pads or towels placed under patient will help prevent fluid from reaching the edges of the drape. This safeguard keeps the sheets clean and dry while preventing fluid exposure to the mattress.

STANDARD OB PACKS AND PAPER DRAPES WILL NOT KEEP THE SHEETS DRY.

Repeated soaking of mattress materials will accelerate wear and eventually destroy mattress seals, causing fluids to leak into the cushions.

MATTRESS DAMAGE CAUSED BY IMPROPER DRAPING AND/OR CLEANING PROCEDURES IS NOT COVERED BY WARRANTY.

The following products have been tested by the Herculite Laboratory and have been found not to have a harmful effect on Staph-Chek fabrics WHEN USED IN ACCORDANCE WITH MANUFACTURERS' RECOMMENDED DILUTION.

TRADE NAME	TYPE	MANUFACTURER
A33	Quartenary	Airwick
Absolute	Quartenary	Walton-March
Beaucoup	Phenolic	Huntington
Blue Chip	Quartenary	S.C. Johnson
Coverage 256	Quartenary	Vestal
El Dorado Plus	Quartenary	Puritan/Churchill
Elimstaph	Quartenary	Walter G. Legge
Forward DC	Quartenary	S.C. Johnson
Franklin Sentinel	Quartenary	Purex
Galahad	Phenolic	Puritan/Churchill
Hi-Tor	Quartenary	Huntington
Insurance	Quartenary	Vestal
LPH	Phenolic	Vestal
Matar	Phenolic	Huntington
Omega	Quartenary	Airwick
Quanto	Quartenary	Huntington
Sanikleen	Quartenary	West Chemical
Sanimaster III	Quartenary	Service Master
Surfacide	Quartenary	Walton-March
Tri-Quat	Quartenary	Vestal
Vesphene II	Phenolic	Vestal
Virex	Quartenary	S.C. Johnson

Betadine stains may be removed from the mattress Staph-Chek fabric by doing the following:

- Use a 5.25% sodium hypochlorite solution (Clorox® brand bleach).
- Apply 3 drops of the solution per square inch immediately and scrub lightly. The stain should start to fade almost immediately and should be totally gone within 15 minutes.
- Stubborn stains may need further applications. No more than 3 applications on any one area are recommended.
- When completely dry, rinse area with clear water and wipe dry.
- If solution comes in contact with skin, wash off with water, and follow manufacturer's label instructions.

MAINTENANCE

The Affinity II Bed needs regular care and maintenance, as detailed in the Service Manual. Please request your maintenance technician to follow the preventive maintenance section in the Service Manual.

SAFETY TIPS

For over 65 years Hill-Rom has set the standard for quality in patient beds. During this time, with input from many of our customers, we have acquired these useful tips.

BED POSITION
Always leave the bed in the low position when the patient is unattended. This could reduce the possibility of patient falls and the severity of resultant injury.

FLUID SPILLS
When massive spills occur in the Siderail area or the head end of the bed, immediately:

- Clean the fluid from the bed.
- Check the bed controls, i.e., Head, Foot, Hi-Lo.
- Have maintenance check the internal electronics.

Fluids remaining on the electronic controls may cause corrosion which may cause the electronic components to fail. These component failures may cause the bed to move or operate on its own at a time that may be injurious to the patient or staff.

SIDERAILS/RESTRAINTS/PATIENT MONITORING
The Siderails should always be in a full upright position and latched when a patient is unattended. When raising the Siderails, an audible "click" should indicate that the Siderails are completely raised and locked in place.

Hill-Rom recognizes that certain healthcare situations may indicate the need for specialized Siderail configurations. In response to this need, we offer, upon request, several Siderail accessories.

Siderails are intended to be a reminder, not a patient restraining device. Hill-Rom recommends the appropriate medical personnel determine the level of restraint necessary to ensure a patient will remain safely in bed. Consult the restraint manufacturer's instructions for use to verify the correct application of each restraining device.

Whenever "high profile" patients (typically, the frail, elderly and medicated or confused) are involved, Hill-Rom recommends the following minimum actions:

1. Develop guidelines for all high profile patients that indicate:
   - Which patients may need to be restrained and the appropriate restraint to utilize.
   - The proper method to monitor a patient, whether restrained or not, including time interval, visual check of restraint, etc.
2. Develop training programs for all caregivers concerning the proper use and application of restraints.
3. Maintain the bed at its lowest position whenever a caregiver is not in the room.
4. Clarify the need for restraint devices to families or guardians.

ELECTRICAL SAFETY
Policies and procedures must be established to train and educate your staff on the inherent risks associated with electric equipment. At any time, it is not prudent or necessary for personnel to have their entire body within the confines of the bed. Whenever a bed is being cleaned or serviced it should be unplugged from its power source. If service personnel need to get under the bed, the Hi-Lo portion must be blocked up as an added precaution (see Affinity II Bed Service Manual).

BRAKES
Brakes should always be set when the bed is occupied and especially during patient transfers. Patients often use the bed for support when getting out of bed and could be injured if the bed unexpectedly moves. After setting the brakes, push and pull the bed to insure stability.

LOCKOUT CONTROLS
Whenever a patient should be restricted from operating the patient controls, activate the appropriate lockout controls located at the head end of the bed.

INSTANT CPR RELEASE
The emergency head release is to be used by healthcare professionals only. The lever must be continually pulled until the head of the bed reaches a flat position. This will insure a smooth operation and avoid delay.

BED POSITION CHANGES
Be certain that feet and hands are well clear of the lift arm and frame assemblies of the bed when changing bed positions, both manually or electrically.

MATTRESSES
The use of mattresses that are not sold by Hill-Rom may reduce the effectiveness of the safety features and systems incorporated into Hill-Rom beds.

PREVENTIVE MAINTENANCE
Annual preventive maintenance must be performed to insure all bed features are functioning as originally designed. Particular attention must be addressed on safety features, including but not limited to:

- Siderail latching mechanisms.
- Caster braking systems.
- Frayed electrical cords and components.
- All controls return to off or neutral position when released.
- Controls or cabling entanglement of bed mechanisms in Siderails.
- Proper operation of the lockout function controls.

PARTS AND ACCESSORIES
Use only Hill-Rom parts and accessories. Do not modify bed without authorization from Hill-Rom.

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Hill-Rom®
A HILLENBRAND INDUSTRY
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